DLN: 93493327003069

Form **990**

Department of the Treasury Internal Revenue

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008
Open to Public Inspection

Serv	ісе										
A Fo	or the	2008 ca	lendar yea	<u>, </u>	and ending 03-31-2009		D Employer ide	ntification number			
_		pplicable	Please	C Name of organization ENGINEERS JT WEL FD LCL UNIONS 17			D Employer Ide	intrincation number			
Ad	dress ch	nange	use IRS label or	106 410 463 545 832 IUOE Doing Business As	15-058293 E Telephone nu						
Na	me cha	nge	print or type. See	Doing Business As			•				
Inr	tıal retu	rn	Specific	Number and street (or P O box if mail is no	t delivered to street addres	s) Room/suite	(315) 492-1				
Те	mınatıc	on	Instruc- tions.	101 INTREPID LA PÒ BOX 100 COLVIN			G Gross receipt	s \$ 33,562,210			
— Am	nended	return		City or town, state or country, and ZIP + 4							
		n pending		SYRACUSE, NY 13205							
7.10	pileation	r pending	- N	L 11	1						
			F Nar	ne and address of Principal Officer		H(a) Is thus affiliat	s a group return	for			
						aiiiia	tes	j res j• No			
			_			H(b) Are all	l affiliates include	d?			
I Ta	ıx-exem	npt status	 ✓ 501(c)) (9) ◀ (Insert no)	527	(If"N	o," attach a lıst	See instructions)			
J W	eb sit	e:► N/A	١			H(c) Grou	p Exemption Nui	mber 🕨			
К Тур	e of org	ganization	Corporat	ion		L Year of For	rmation 1957 M	State of legal domicile NY			
Pa	rt I	Sumi	mary								
	1	Briefly	describe th	e organization's mission or most signifi	icant activities						
Ψ.		TO PRO	VIDE HEA	ALTH CARE AND OTHER BENEFITS T	O ELIGIBLE PARTIC	IPANTS					
≌											
Ē											
Governance	2	Check t	his box	if the organization discontinued its ope	rations or disposed of	more than 2	5% of its assets	1			
် ၁	3	Number	of voting r	nembers of the governing body (Part V	I, line 1a)		3	10			
	4		-	ident voting members of the governing	•		_	10			
<u> </u>				nployees (Part V, line 2a)		,	_	23			
돌	6			olunteers (estimate if necessary)			6				
Activities &				ted business revenue from Part VIII, li			7a	12,960			
-	1			ness taxable income from Form 990-T		•	7u _ 7b	11,960			
	—	- Trot um	- Clatter Busi	The standing meaning manner of many standing standing standing standing meaning standing stan	, me 51 1 1	Drio	or Year	Current Year			
ā.	8	Contri	hutians an	d grants (Part VIII lung 1 h)		FIIO	i rear	0			
				d grants (Part VIII, line 1h)			25.039.465				
Revenue		9 Program service revenue (Part VIII, line 2g)					25,938,465	30,050,449			
<u>у</u>	10			me (Part VIII, column (A), lines 3, 4, a			4,916,767	-38,794,468			
	11			art VIII, column (A), lines 5, 6d, 8c, 9				0			
	12	12)	evenue—a	dd lines 8 through 11 (must equal Part	VIII, Column (A), line		30,855,232	-8,744,019			
	13	Grants	and simila	ar amounts paid (Part IX, column (A), li	nes 1-3)			0			
	14	Benefi	ts paid to c	or for members (Part IX, column (A), lin	e 4)		24,264,319	24,831,435			
	15	Saları	es, other co	ompensation, employee benefits (Part I	X, column (A), lines 5	_					
Expenses		10)	,	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	966,719 1,531,					
Ť	16a	Profes	sıonal fund	raising fees (Part IX, column (A), line :	11e)			0			
ੜੇ	ь	(Total f	undraising ex	penses, Part IX, column (D), line 25 <u>0</u>)						
ш	17	Other	expenses	(Part IX, column (A), lines 11a-11d, 1	1f-24f)		1,300,528	427,459			
	18	Total	expenses—	add lines 13–17 (must equal Part IX, I	line 25, column (A))		26,531,566	26,790,781			
	19			penses Subtract line 18 from line 12			4,323,666	-35,534,800			
<u> ኞ</u>						Beginni	ng of Year	End of Year			
Net Assets or Fund Balances	20	Totala	assets (Pai	rt X, line 16)			61,576,503	24,301,297			
8 E	21			Part X, line 26)			3,875,993	3,648,129			
38											
	22			d balances Subtract line 21 from line .	20		57,700,510	20,653,168			
Pa	rt II		ature Bl								
		Under p	enalties of pe ef. it is true.	erjury, I declare that I have examined this return correct, and complete Declaration of preparer (n, including accompanying : other than officer) is based	schedules and si on all informat	tatements, and to tl ion of which prepare	ne best of my knowledge er has anv knowledge			
Plea	se	****			,	1	-11-23	,			
Sigr			ature of office	er		Date	11 23				
Her	е	L DAN	TEL HADDIGAN	N FUND MANAGER							
			e or print nam								
		17			Date		Drenarer's DTIN	(See Gen Inst)			
D-:	.		parer's S	CHULTHEIS PANETTIERI LLP		Check If self-	Fiepalei S PTIN	(See Och Tipt)			
Paid		-	ature P S	O. O. O. T. T. L. C. T. L. C. L.		empolyed 🕨 🦵	-				
	pare		n's name (or	yours L				_			
Use		ıf se									
Onl	y	add	ress, and ZIP	Schultheis & Panettieri LLP							
				210 Marcus Boulevard			- Phone no ▶				
				Hauppauge, NY 117883740			THORE IIU				
				., ., ., ==							

May the IRS discuss this return with the preparer shown above? (See instructions)

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organ	ization's mission				
	TO PROVIDE HEALTH CAR	E AND OTHER BENEFITS TO ELIGIB	LE PARTICIPANTS			
2	D.d the community			-h		_
2			ogram services during the year which		'es No	
		nese new services on Schedu				
3	Did the organization services?		ignificant changes in how it conduc	ts any program	res ✓ No	
	If "Yes," describe th	nese changes on Schedule O				
4	Section 501(c)(3) a	and (4) organizations and 494	each of the organization's three larg 17(a)(1) trusts are required to repor or each program service reported			
4a	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)	_
	TO PROVIDE HEALTH C	CARE AND OTHER BENEFITS TO ELIC	SIBLE PARTICIPANTS			
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
	2.1	(n				_
4d	Other program ser (Expenses \$	vices (Describe in Schedule includina		(Revenue \$)	
4e	Total program serv		Must equal Part IX, Line		,	-

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 2,564			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4 -	V	
3 -	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		100	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			Νο
	Tax Shelter Transaction?	5с		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		Νο
9	year?			
	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter	-		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νο
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing E	Body and Mar	nagement	

					_		Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, or processes, or changes in Schedule O. See instructions.	des ci	rıbe the	cırcums	tances,			
1a	Enter the number of voting members of the governing body	1a			10			
Ь	Enter the number of voting members that are independent	1b			10			
2	Did any officer, director, trustee, or key employee have a family relationship or a busin other officer, director, trustee, or key employee?					2		Νο
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management com					3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							No
5	Did the organization become aware during the year of a material diversion of the organ	[5	Yes				
6	Does the organization have members or stockholders?	[6		Νo			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							Νο
Ь	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .							Νo
8	Did the organization contemporaneously document the meetings held or written action year by the following	ns un	ndertake	en durin	g the			
а	the governing body?					8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?					8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?					9a		Νo
Ь	If "Yes," does the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with those of the org			•		9b		No
10	Was a copy of the Form 990 provided to the organization's governing body before it was must describe in Schedule O the process, if any, the organization uses to review the F					10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, the organization's mailing address? If "Yes," provide the names and addresses in Scho			be reac	hed at	11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		Νο

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THE FUND 101 INTREPID LANE SYRACUSE,NY 132050100 (315) 492-1796

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

		Posit t	(C lon (d hat a	chec		I			(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
THOMAS CHARLES , UNION TRUSTEE	1 00	Х						0	0	0	
TERRY HOGLE, UNION TRUSTEE	1 00	Х						0	0	0	
ROCKNE BURNS , CHRMN EMP TSTEE	1 00	X						0	0	0	
ROBERT JONES , UNION TRUSTEE	1 00	X						0	0	0	
ROBERT HILL, EMP TRUSTEE	1 00	Х						0	0	0	
PAUL MCCOLLUM - EFF 9108 , UNION TRUSTEE	1 00	Х						0	0	0	
MARK KIRSCH - THRU 508 , UNION TRUSTEE	1 00	X						0	0	0	
JAMES C LOGAN , EMP TRUSTEE	1 00	Х						0	0	0	
EUGENE HALLOCK III , EMP TRUSTEE	1 00	X						0	0	0	
EARL N HALL, EMP TRUSTEE	1 00	Х						0	0	0	
DANIEL MCGRAW - EFF 508 , UNION TRUSTEE	1 00	X						0	0	0	
DANIEL HARRIGAN , FUND MANAGER	35 00			Χ				129,941	12,000	24,253	
CYNTHIA STEGER , ASST FD MANAGER	35 00			Х				94,289	0	24,253	
CLYDE JOHNSTON-THRU 9108, UNION TRUSTEE	1 00	Х						0	0	0	
										_	
							<u> </u>				

Part VIII Continued

(A) Name and Title	(B) Average hours per week	Individual Trustee or Prector	ppl	у)	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total						•	224,230	12,000	48,506

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►1

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No		
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		N o		

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
JP JEANNERET 100 EAST WASHINGTON ST SYRACUSE, NY 13202	INVESTMENT MGMT	247,821
BEACON ASSOCIATES LLC I 123 MAIN STREET SUITE 900 WHITE PLAINS, NY 10601	INVESTMENT MGMT	195,670
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	2

Yes No

Νo

Form 99		OSTATEMENT OF REVENUE				Page 9
VIII			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
yrants ounts	1a b	Federated campaigns 1a Membership dues	-	Revenue		512, 513, 01 517
Contributions, gifts, grants and other similar amounts	d e	Related organizations	-			
itribution Lother si	f	All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in	-			
	h	Innes 1a-1f \$ Total (Add lines 1a-1f)	0			
Revenue	2a b	PARTICIPANTS CONTRIBUTION EMPLOYERS CONTRIBUTIONS	3,888,790 26,161,659	3,888,790 26,161,659		
Program Serwce Revenue	c d e					
Program	f g	All other program service revenue Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest other similar amounts)	518,309			518,309
	4 5	Income from investment of tax-exempt bond proceeds Royalties	0			
	6a b	(I) Real (II) Personal Gross Rents Less rental expenses				
	d	Rental income or (loss) Net rental income or (loss)	0			
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) O ther 2,993,452				
	b c	Less cost or other basis and sales expenses Gain or (loss) 30,121,341 12,184,88 12,184,88 12,184,88	8		42.000	20 225 725
	d 8a	Net gain or (loss) Gross income from fundraising events (not including	-39,312,777		12,960	-39,325,737
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000				
Other	b c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000				
	b c	Less direct expensesb Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances .				
	С	Net income or (loss) from sales of inventory				
	11a b c					
	d e	All other revenue Total. Add lines 11a-11d	.			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,	-8,744,019	30,050,449	12,960	-38,807,428

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	24,831,435			
5	Compensation of current officers, directors, trustees, and key employees	286,719			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	818,311			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	197,720			
9	Other employee benefits	152,711			
10	Payroll taxes	76,426			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	91,519			
c	Accounting	50,000			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	447,377			
g	Other	58,201			
12	Advertising and promotion	0			
13	Office expenses	75,296			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	92,954			
17	Travel	0			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	22,883			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	11,423			
23	Insurance	48,380			
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	TELEPHONE	4,866			
ь	REIMBURSED P/R, TAXES AND BENE	-560,371			
с	PRINTING & POSTAGE	52,516			
d	COMPUTER EQUIPMENT & PROGRAMMING	32,415			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	26,790,781	0	0	0
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm 990 (2008)

Dart Y	Ralance	Sheet

					(A)		(B)
	1	Cash—non-interest-bearing			Beginning of year 14,163	1	End of year 13,754
	2	Savings and temporary cash investments			6,273,567	2	9,284,326
	3	Pledges and grants receivable, net		•	0,213,301	3	9,204,320
	4	Accounts receivable, net			1,937,016	4	1,945,531
	5	Receivables from current and former officers, directors, trustees,	kay amplayaas		1,557,010		1,545,551
		other related parties Complete Part II of Schedule L		5	0		
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of Sc)) and		6	0
	7	Notes and loans receivable, net				7	0
	8	Inventories for sale or use				8	0
ţ2	9	Prepaid expenses and deferred charges				9	0
Assets	10a	Land, buildings, and equipment cost basis	10a	226,378			
-	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	213,830	23,971	10c	12,548
	11	Investments—publicly traded securities			31,754,885	11	3,707,214
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D			21,396,806	12	9,161,040
	13	Investments—program-related See Part IV, line 11 Complete Par of Schedule D .	t VIII			13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			176,095		176,884
		D			., 5,000	15	., 5,551
	16	Total assets. Add lines 1 through 15 (must equal line 34)			61,576,503	16	24,301,297
	17	Accounts payable and accrued expenses .			125,449	17	84,537
	18	Grants payable				18	
	19	Deferred revenue				19	
10	20	Tax-exempt bond liabilities				20	
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			3,750,544	25	3,563,592
	26	Total liabilities. Add lines 17 through 25			3,875,993	26	3,648,129
ş		Organizations that follow SFAS 117, check here ► and complethrough 29, and lines 33 and 34.	ete lines 27				
ä	27	Unrestricted net assets				27	
Balance	28	Temporarily restricted net assets				28	
포	29	Permanently restricted net assets				29	
r Fund		Organizations that do not follow SFAS 117, check here ▶ □ and lines 30 through 34.	complete				
s or	30	Capital stock or trust principal, or current funds				30	
φ	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or other fund			57,700,510	32	20,653,168
Net /	33	Total net assets or fund balances			57,700,510	33	20,653,168
Z	34	Total liabilities and net assets/fund balances			61,576,503	34	24,301,297
	l				<u> </u>		·
Pa	rt XI	Financial Statements and Reporting					

Dart YT	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		No

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OMB No 1545-0047

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SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** ENGINEERS JT WEL FD LCL UNIONS 17 106 410 463 545 832 IUOE 15-0582931 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

-\$

Part		Organizations Maintaining Co	llections of Art, I	Hist	<u>tori</u>	cal Tr	easur	es, or Ot	hei	<u> Similar</u>	· Asse	ts (co	ntınued)
3		g the organization's accession and other s (check all that apply)	r records, check any c	ofthe	e foll	owing t	hat are	a sıgnıfıcar	nt us	e of its co	llection	I	
а	Γ	Public exhibition		d	\sqcap	Loan	rexch	ange progra	ms				
b	Γ	Scholarly research		e	Γ	Other							
С	\sqcap	Preservation for future generations											
4	Prov Part	ide a description of the organization's co	ollections and explain	how	they	furthe	r the or	ganızatıon's	sex	empt purp	ose in		
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No												
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						nization an	swe	ered "Yes	" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No												
b	If"Y	es," explain why in Part XIV and comple	te the following table										
											A mou	nt	
c	Begi	inning balance						1	Lc				
d	Add	itions during the year						1	ld				
e	Dıst	ributions during the year						1	le				
f	Endi	ıng balance						1	Lf				
2a	Dıd t	the organization include an amount on Fo	orm 990, Part X, line 2	217							Γ,	Yes	Г№
b	If "Y	es," explain the arrangement in Part XIV											
Pai	rt V	Endowment Funds. Complete i											
_	_		(a)Current Year	(b)	Prior Y	'ear	(c)Two	Years Back	(d)⊺	hree Years E	Back (e)	Four Ye	ears Back
1a		Inning of year balance											
Ь		tributions											
c		estment earnings or losses											
d		nts or scholarships											
е		er expenditures for facilities programs											
f		ninistrative expenses											
g	End	of year balance											
2	Prov	ide the estimated percentage of the yea	r end balance held as										
а		d designated or quasi-endowment											
ь		nanent endowment 🕨											
c		n endowment 🕨											
3a		there endowment funds not in the posses	ssion of the organizati	on t	hat a	re held	and ad	lmınıstered	for t	:he			
	orga	nization by										Yes	No
	(i) u	nrelated organizations		•	•						3a(i)		
_		related organizations									3a(ii)		
		es" to 3a(II), are the related organization	•						•		3b		
4 Dec	t VI	cribe in Part XIV the intended uses of the)() Da	rt V lina 1	_				
Pell	τ ντ	Investments—Land, Buildings	s, and Equipment	. 56									
		Description of investment				Cost or (inves		(b)Cost or of basis (othe		(c) Depre	ciation	(d) Bo	ook value
1a	and									Ī			
	Buildi	-											
C	_ease	ehold improvements		•									
		ment		•				226,	378		213,830		12,548
e	Other		<u> </u>										

uncertain tax positions under FIN 48

(m = 1 , 1 d	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
nancial derivatives and other financial products losely-held equity interests		
ther		
the i		
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)	9,161,040	
art VIII Investments—Program Related. S	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Part IX Other Assets. See Form 990, Part X,	, line 15.	
	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	, line 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Desc	, line 15. cription	
Other Assets. See Form 990, Part X, (a) Description (a) Description (b) Should equal Form 990, Part X, col.(B) In	ne 15.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Desc	ne 15.)	
Other Assets. See Form 990, Part X, (a) Description of Liability Other Liabilities. See Form 990, Part X, col.(B) Irr (a) Description of Liability	ne 15.) Tt X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description of Liability ederal Income Taxes	ne 15.) Tt X, line 25.	
Cotal. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Gederal Income Taxes ECURITIES SOLD NOT YET PURCHASED	ne 15.) t X, line 25. (b) A mount	
Part IX Other Assets. See Form 990, Part X, (a) Description of Liability ederal Income Taxes ECURITIES SOLD NOT YET PURCHASED Other Liabilities. See Form 990, Part X, col. (B) Income Taxes	ne 15.) Tt X, line 25. (b) Amount	
Part IX Other Assets. See Form 990, Part X, (a) Description of Liability Total. (Column (b) should equal Form 990, Part X, col.(B) Information of Liability The part X Other Liabilities. See Form 990, Part (a) Description of Liability Tederal Income Taxes TECURITIES SOLD NOT YET PURCHASED TO RELATED ORGANIZATIONS	ne 15.) t X, line 25. (b) A mount 132,550 388,642	
Part IX Other Assets. See Form 990, Part X, (a) Description of Liability ederal Income Taxes ECURITIES SOLD NOT YET PURCHASED Other Liabilities. See Form 990, Part X, col. (B) Income Taxes	ne 15.) t X, line 25. (b) A mount 132,550 388,642	
Part IX Other Assets. See Form 990, Part X, (a) Description of Liability Gederal Income Taxes SECURITIES SOLD NOT YET PURCHASED Other Liability Other Liability Gederal ORGANIZATIONS	ne 15.) t X, line 25. (b) A mount 132,550 388,642	
(a) Described (a) Described (b) Should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pare	ne 15.) t X, line 25. (b) A mount 132,550 388,642	
Part IX Other Assets. See Form 990, Part X, (a) Description of Liability Gederal Income Taxes SECURITIES SOLD NOT YET PURCHASED Other Liability Other Liability Gederal ORGANIZATIONS	ne 15.) t X, line 25. (b) A mount 132,550 388,642	
Part IX Other Assets. See Form 990, Part X, (a) Description of Liability Gederal Income Taxes SECURITIES SOLD NOT YET PURCHASED Other Liability Other Liability Gederal ORGANIZATIONS	ne 15.) t X, line 25. (b) A mount 132,550 388,642	
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X (a) Description of Liability Federal Income Taxes SECURITIES SOLD NOT YET PURCHASED DUE TO RELATED ORGANIZATIONS	ne 15.) t X, line 25. (b) A mount 132,550 388,642	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-8,744,019
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,790,781
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-35,534,800
4	Net unrealized gains (losses) on investments	4	-1,512,542
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-380,900
9	Total adjustments (net) Add lines 4 - 8	9	-1,893,442
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-37,428,242
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	-10,703,938
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	-10,703,938
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 447,377		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	1,959,919
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	-8,744,019
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	26,724,304
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
Ь	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	_	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	26,724,304
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 447,377		
Ь	Other (Describe in Part XIV)		
с _	Add lines 4a and 4b	4c	66,477
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	26,790,781
	*t XIV Supplemental Information	- ut VII	/ longer 4 h and 3 h
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P $_{ m i}$	art XIV	, iines ib and ∠b,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	UNREALIZED DEPRECIATION OF INVESTMENTS \$1512542
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	CHANGE IN CLAIMS PAYABLE& IBNR \$ -380900

Ident if ier	Return Reference	Explanation
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	UNREALIZED DEPRECIATION OF INVESTMENTS \$1512542
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	CHANGE IN CLAIMS PAYABLE& IBNR \$ -380900

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Schedule J

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization
ENGINEERS JT WEL FD LCL UNIONS 17
106 410 463 545 832 IUOE

Employer identification number
15-0582931

Рa	Questions Regarding Compensation	<u>n</u>			
				Yes	Νo
1a	• • • • • • • • • • • • • • • • • • • •	ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	▼ Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
Ь	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I	ritten policy regarding payment or reimbursement or No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		2	Yes	
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all t	hat apply			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII, Section A, line 1a			
а	Receive a severance payment or change of control	payment?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	pased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		
ь	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"		7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe	R		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)		
	129,941 1) 12,000			16,563	7,690	154,194 12,000	31,983 3,000	
	i)							
(1))							
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	i)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

See Additional	Data Table	
Ident if ier	Return Reference	Explanation
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	

Software ID: 08000091

Software Version: 2008v2.7

EIN: 15-0582931

Name: ENGINEERS JT WEL FD LCL UNIONS 17

106 410 463 545 832 IUOE

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
Sch J, Part I,	Part I, Line 1a	
	Relevant	
	ınformatıon ın	
	regards to	
	selections on	
	1a	

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization ENGINEERS JT WEL FD LCL UNIONS 17 106 410 463 545 832 IUOE Employer identification number

15-0582931

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	, ,	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO ALL PARTICIPANTS UPON REQUEST NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	, , ,	PERIODIC REVIEW OF THE CONFLICT OF INTEREST POLICY SHALL BE PERFORMED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	THE FORM 990 WAS PREPARED IN COORDINATION WITH THE FUND ADMINISTRATOR WHO WORKS FULL TIME FOR THE ORGANIZATION ONCE COMPLETE, THE FORM WAS PROVIDED TO AND REVIEWED BY THE BOARD OF TRUSTEES PRIOR TO SUBMISSION

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 5	Form 990, Part VI, Line 5 Description of Material Diversion of Assets	ON DECEMBER 11, 2008, BERNARD MADOFF, OWNER OF BERNARD L MADOFF INVESTMENT SECURITIES, LLC ("BLMIS") WAS ARRESTED AND CHARGED WITH CRIMINAL SECURITIES FRAUD THE CRIMINAL COMPLAINT ALLEGES INVESTORS' LOSSES OF \$50 BILLION WHICH INCLUDES THE ALLEGED FALSE PROFITS THAT BLMIS MAY HAVE REPORTED TO ITS CUSTOMERS FOR DECADES SUBSEQUENT TO MR MADOFF'S ARREST, THE COURT FROZE THE ASSETS OF BERNARD MADOFF AND HIS FIRM AND APPOINTED A RECEIVER PURSUANT TO THE SECURITIES INVESTOR PROTECTION ACT WHO IS EXPECTED TO LIQUIDATE THE BROKERAGE FIRM AND DISTRIBUTE AVAILABLE ASSETS THE SECURITIES INVESTOR PROTECTIONS CORPORATION ("SIPC") MAY PAY UP TO \$500,000 TO EACH INVESTOR OF BLMIS DURING THE YEAR ENDED MARCH 31, 2009, THE PLAN VALUED THE INVESTMENTS RELATING TO BLMIS AT ZERO IN ADDITION, ALL INCOME AND LOSSES ASSOCIATED WITH MADOFF INVESTMENTS FOR THE PERIOD THEN ENDED WERE RECORDED AS REALIZED REALIZED LOSS AS OF MARCH 31, 2009 WAS \$38,840,056

DLN: 93493327003069

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Related Organizations and Unrelated Partnerships

ENGINEERS JT WEL FD LCL UNIONS 17 106 410 463 545 832 IUOE 15-0582931 Part I **Identification of Disregarded Entities** (A) Name, address, and EIN of disregarded entity (D) Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity ENG JT TRNG RE-TRNGSKILL IMP & APPR FD 101 INTREPID LANE EDUCATION TO PARTIC NY 501(C)3 N/A SYRACUSE, NY13205 16-0954711 ENG JT PEN FD LCLS 17410463545832 RETIREMENT BENEFITS TO 101 INTREPID LANE NY 501(A) N/A N/A PARTIC SYRACUSE, NY13205 15-0614642

(A) Name, address, and EIN of related organization	Prın	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	Incom Inve	(E) ominant e(related, estment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate cions?	(I) Code V—UBI amount on Box 20 of K-1	(J) Genera manag partne	al o ging
										Yes	No		Yes	No
Part IV Identification of	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related org	anızatıon	(B) Primary activity		(C) Legal domicile (state or foreign country)	2	(D) Direct contro entity	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of I-of-yea assets	(H) Percentage r ownership		

(6)

Part V	Transactions with Related Organizations
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rt V Trans	sactions with Related Organizations							
Note. Complet	:e line 1 if any entity is listed in Parts II, III or IV		Yes	No				
uring the tax ye	ear, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity								
Gift, grant, or	capital contribution to other organization(s)	1b		No				
Gıft, grant, or o	capital contribution from other organization(s)	1c		No				
Loans or loan	guarantees to or for other organization(s)	1d		No				
Loans or loan	guarantees by other organization(s)	1e		No				
Sale of assets	to other organization(s)	1f		No				
Purchase of as	ssets from other organization(s)	1g		No				
Exchange of a				No				
Lease of facilit	:ies, equipment, or other assets to other organization(s)	1 i	Yes					
Lease of facilit	ties, equipment, or other assets from other organization(s)	1j		No				
Performance o	_			No				
Performance of	f services or membership or fundraising solicitations by other organization(s)	11		No				
m Sharing of facilities, equipment, mailing lists, or other assets								
Sharing of paid	d employees	1n	Yes					
Reimbursemei	nt paid to other organization for expenses	10		No				
Reimbursemei	nt paid by other organization for expenses	1р	Yes					
O ther transfer		_		No				
O ther transfer	of cash or property from other organization(s)	1r		No				
If the answer t	co any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds							
	(A) (C)							
	Name of other organization(s) Amount Involved type(a-r)							
	Note. Complete uring the tax yet Receipt of (i) Gift, grant, or Loans or loan Loans or loan Loans or loan Exchange of a Exchange of a Lease of facility Performance of Sharing of facility Sharing of pairs. Reimbursement Reimbursement Other transfer of their transfer of the state	Note. Complete line 1 if any entity is listed in Parts II, III or IV uring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (1) interest (ii) annuities (iii) royalities (iv) rent from a controlled entity Gift, grant, or capital contribution to other organization(s) Gift, grant, or capital contribution from other organization(s) Loans or loan guarantees to or for other organization(s) Sale of assets to other organization(s) Purchase of assets from other organization(s) Exchange of facilities, equipment, or other assets to other organization(s) Lease of facilities, equipment, or other assets from other organization(s) Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Sharing of facilities, equipment, mailing lists, or other assets Sharing of paid employees Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expenses Other transfer of cash or property to other organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Transaction Amount builded	Note. Complete line 1 if any entity is listed in Parts II, III or IV Integrate tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? In Receipt of (i) interest (iii) annuities (iiii) royalities (iiv) rent from a controlled entity In Gift, grant, or capital contribution to other organization(s) In Gift, grant, or capital contribution from other organization(s) In Loans or loan guarantees to or for other organization(s) In Loans or loan guarantees by other organization(s) In Sale of assets to other organization(s) In Purchase of assets to other organization(s) In Purchase of assets from other organization(s) In Purchase of facilities, equipment, or other assets to other organization(s) In Performance of services or membership or fundrasing solicitations for other organization(s) In Performance of services or membership or fundrasing solicitations for other organization(s) In Sharing of paid employees Reimbursement paid to other organization for expenses Reimbursement paid to other organization for expenses In Content transfer of cash or property to other organization(s) In It the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds In In Interaction In Interac	Note. Complete line 1 if any entity is listed in Parts II, III or IV Receipt of (i) interest (ii) annuities (iii) royalities (iv) rent from a controlled entity Gift, grant, or capital contribution to other organization(s) Gift, grant, or capital contribution from other organization(s) Loans or loan guarantees to or for other organization(s) Loans or loan guarantees by other organization(s) Sale of assets to other organization(s) Exchange of assets to other organization(s) Exchange of assets from other organization(s) Lease of facilities, equipment, or other assets to other organization(s) Lease of facilities, equipment, or other assets from other organization(s) Exchange of assets or other organization of the organization(s) Lease of facilities, equipment, or other assets from other organization(s) Performance of services or membership or fundrasing solicitations for other organization(s) Sharing of paid employees Reimbursement paid to other organization for expenses Context transfer of cash or property to other organization(s) Other transfer of cash or property to other organization(s) In Yes Ithe answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds In Ithe answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds In Ithe answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds In Ithe answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds In Ithe answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds In Italian the Italian transport of the organizat				

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

								1	_																	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	
			Yes	No		Yes	No		Yes	No																
			-	-	-	-	-	Schodule	R (Form	000) 2009																